

SCHEDULE P

(Attachment to Form BCR, Buyer's Claim for Refund of Wisconsin State, County and Stadium Sales Taxes)

This schedule details purchases on which Wisconsin sales tax was paid to the seller and a refund of the tax is being claimed from the Wisconsin Department of Revenue. **The buyer should complete Sections 1 and 3, and have the seller complete Section 2.** Use a separate Schedule P for each seller. Schedule P should be returned by the seller to the buyer and the buyer should attach it to Form BCR as documentation of the refund claim.

SECTION 1 – BUYER INFORMATION

(Buyer's Name)		
(Buyer's Address)	() (Area Code)	— (Telephone No.)
(City)	(State)	(Zip)
1. Period covered by this refund claim: From: _____ To: _____		
2. Total state, county and stadium tax paid in error \$ _____ (Total of Columns 7, 8, 9, and 10 from Section 3) Include this amount in the total on line 3, Form BCR.)		

SECTION 2 – SELLER INFORMATION

The above-named buyer has entered in Section 3 (on the back of this page) information concerning transactions for which they are claiming a refund of sales tax from the Department of Revenue. Please examine the information entered in Section 3 and, if you have **not** previously received or requested a refund of the sales tax listed in Columns 7 through 10, complete Section 2 below and return this document to your customer.

Enter your Wisconsin Seller's Permit Number, Use Tax Number or Tax Account Number: _____		
Enter your Federal Employer's Identification Number: _____		
(Seller's Legal Name)		
(Seller's Business/Trade Name)		
(Seller's Business Address)		
(City)	(State)	(Zip)
<input type="checkbox"/> Check this box if any of the items listed in Section 3 do not qualify for a refund, identify which items do not qualify, and explain why not (for example, tax paid was not Wisconsin tax): _____ _____ _____		
<i>I declare under penalties of law that I have read and examined this document and attest to the fact that the items listed in Section 3 were sold by me and that Wisconsin state sales tax and, where applicable, county and/or stadium tax, was charged and reported to the Wisconsin Department of Revenue. I have not requested and will not request a refund, taken credit on any sales tax return, been allowed credit, or given the buyer credit for any sales tax listed in Section 3 (Columns 7-10). I further declare that I will not request a refund of tax for other sales to this purchaser for the periods in Section 1.</i>		
(Print Seller's Name)	(Title)	
(Seller's Signature)	(Date)	

SECTION 3 – LIST OF PURCHASES

List only those purchases for which you are claiming a refund. If the total amount you paid to the seller does not equal the total purchase price, include an explanation. Attach an additional sheet if necessary.

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12
Description of Goods or Services Purchased	Reason Purchase Exempt	Purchase Date	Invoice Number	Date Paid	Purchase Price Before Tax	5% Wisconsin State Tax	0.5% County Tax	0.1% Baseball Stadium Tax	0.5% Football Stadium Tax	County Name (if appli- cable)	Total Amount You Paid
TOTALS → (Add the amounts in Columns 7, 8, 9 and 10 and enter the totals here. Add these totals together and include the result on line 2, Section 1, on the reverse side of this page.)											

I, the undersigned Buyer, certify that all the information contained in the above schedule, or included as an attachment, is true and correct to the best of my knowledge and belief. I am authorized to execute this schedule and claim the exemptions indicated.

Print Buyer's Name	Buyer's Signature	Title	Address	Date